West Virginia
Governor's
School of Entrepreneurship

Designing for IMPACT

June - July 2022

Hosted by Marshall University's
Lewis College of Business &
the ***Brad D. Smith Schools of Business***

Permissions + Forms

West Virginia
Governor's
School of Entrepreneurship

TABLE OF CONTENTS

West Virginia Governor's School of Entrepreneurship

PERMISSIONS + FORMS | CHECKLIST

Please complete and return the following forms to Olen York at olen.york@marshall.edu by June 10, 2022. Each of the four (4) forms required by GSE is included with this packet on consecutive pages following this checklist. Please note, a copy of the student's health insurance card may be submitted as either a PDF or an image (e.g., jpeg, jpg, png, etc.); please ensure that the image is legible and all the characters on the card are easily readable and discernible.

Paper forms are available upon request.

___ GSE Permission Form
___ MUNet_Request Form
___ Medication Dispensing Form
___ Consent for Counseling Form
___ A copy of the student's health insurance card

West Virginia Governor's School of Entrepreneurship

Please complete the following in blue or black ink.

Please return completed forms to olen.york@marshall.edu by June 10.

Full Name _____County where you attend school _____

Publicity Release	
The undersigned hereby grant permission to the West Virginia Governor's Schools and Marshall University to use identified photographs, video and audio recordings and press releases of the student for the purpose of publicity and other promotions including Internet publications. The student's name and address may be released to institutions of education. Photographs and contact information may also be used in the student directory.	
Signature of Student **Signature of Parent/Guardian**	**Date** **Date**

Release from Liability	
The undersigned hereby release the West Virginia Governor's Schools, the West Virginia Department of Education and Marshall University from any and all claims arising from the undersigned student's participation in the WVGSE.	
Signature of Student **Signature of Parent/Guardian**	**Date** **Date**

Consent to Participate	
The undersigned student hereby acknowledges the following: I have read the entire Handbook for Students and Parents and agree to participate fully in GSE activities, including attending the full session. I agree to follow the rules set by the Academy dean. I fully understand that I am to wear my name tag at all times when I'm out of the dormitory.	The undersigned parent/guardian hereby consents to the following: I agree to my child's participation in the GSE. We have discussed behavior expectations, and I have read the accompanying handbook. I assume personal responsibility for any costs of medical attention or injuries my child may sustain. I am attaching a photocopy of my health insurance/hospitalization card.
Signature of Student **Date**	**Signature of Parent/Guardian** **Date**

Permission to Provide Necessary Treatment or Emergency Care	
As the legally recognized parent or guardian of the individual named above, by signature below I hereby give authority and permission to the WVGSE and its staff and licensed medical professionals to obtain and provide necessary medical treatment including, but not limited to, diagnostic X-rays, routine tests, and treatment, including hospitalization; to release many records necessary for medical or insurance purposes; to provide or arrange necessary related transportation for my child; to administer, as needed, the over-the-counter medications listed below (strike through any exceptions); and to copy this completed form which will accompany the student on trips outside the host campus. I understand that every practical effort will be made to contact me or other parents or guardians of the student if a medical emergency occurs. I have also enclosed a copy of both sides of the medical insurance card that covers the individual named above.	
Over-the-Counter Medications and Indications	
Topical sunscreen for sun exposure Topical bug repellant Maalox/Tums (and similar products) for upset stomach Milk of Magnesia for constipation Kaopectate or Imodium for diarrhea Anti-itch lotion Benadryl (generic)	Antibiotic Ointment Cough Tylenol for fever, pain, headache Ibuprofen for fever, pain, headache Throat lozenges for sore throat Dramamine or its generic for motion sickness Benzedrine/Epinephrine for anaphylaxis Cough syrup
Signature of Student **Signature of Parent/Guardian**	**Date** **Date**

Accuracy of Health Information and Online Forms	
The health history and all online forms are correct and complete to the best of my knowledge. **Please attach a copy of your health insurance information.**	
Signature of Student **Signature of Parent/Guardian**	**Date** **Date**

Marshall University Information Technology

Account Request Form

Please indicate the type of account you will need:

MUNET ☐			Last 4 digits of SSN#	

Name:

Last	First	Middle

Address:

Street	City	State / Zip

Identification:

Drivers License # / Issuing State	MUID number (if available)	Date of Birth (mm/dd/yyyy)

MUNET account (if available)	Mother's name	Preferred telephone number

MU Faculty & Staff only:

Department	Office Phone Number
Title	Building / Office room number

_____ I have read and accept the complete responsibility and liability for willful or negligent misuse of my account under Marshall University Policies related to Computer Acceptable Use and have read the Acceptable Use Policy located on the MU Board of Governors website, Policy No. IT-1

Signature	Date
Parent/Guardian signature (required if applicant is under 18 years)	Date

Program Sponsor Name (printed)	Program Sponsor Signature

Internal Use:

Server	Completed by	Mailbox	Date Completed	Temporary account

West Virginia Governor's School of Entrepreneurship

Medication Dispensing Information

Please fill out and return if applicable. Disregard this form if your child does not need any medication during the duration of the academy.

BACKGROUND INFORMATION:

Participant's Name: _____

MEDICATION INFORMATION:

Medication Name(s):_____ Dose:_____Time:_____

Dispensing & Storage Instructions:_____

If more space is needed, please use the back of this form.

By signing, I hereby acknowledge the above student is allowed to maintain his/her own prescription medications and dispense for his/her own use as needed. I understand that Academy staff will NOT be responsible for dispensing the student's medications.

_____

Signature of Parent or Guardian Date

Students with Specific Dietary Needs

Whenever possible, staff have arranged with food providers to cater to a wide variety of needs, including allergies, religious restrictions, etc. Academy staff will work with students to make sure dietary needs are met. In the event your student needs additional support in this area, please contact Academy staff.

COUNSELING CENTER

One John Marshall Drive
Prichard Hall- First Floor
304-696-3111
counselingcenter@marshall.edu
www.marshall.edu/counseling

CONSENT FOR COUNSELING SERVICES TO MINORS

The Marshall University Counseling Center provides counseling and psychiatric services to full-time and part-time students. When minors are on campus for camp, or other opportunities requiring they be on campus for longer than one day, they are eligible to receive three as needed individual therapy sessions. Minors are not eligible to receive psychiatric services. Although a parent(s) must provide a signature(s) authorizing services, it is critical the minor trust the therapist and with your understanding in advance, we shall keep what your child says/does confidential. If we think it would be helpful to share a specific detail with you, we shall first ask the child's permission to do so (a consent signed by the child must be signed), or we shall encourage the child to do so. It is important to the therapy process to ensure there is trust within the therapy environment. You have a right and responsibility to question the therapy process, to understand the nature of activities with the child, and to be informed of the child's progress. We have the right to use our clinical discretion as to what is appropriate disclosure.

Clients are assured of confidentiality, which is a protected ethical right. There are some exceptions to confidentiality as outlined below:

- If we judge that a client has intention to harm self or others.
- We are required by law to report any incidence of suspected child abuse, neglect, or molestation in order to protect the child involved;
- In legal cases, our records may be subpoenaed by the court system;
- Whenever obligated by law or a judge to share confidential information.

In any of the above situations, a parent/guardian will be contacted immediately.

Consent for Treatment

Parent/Guardian Name: _____

Address: _____

Phone: _____

E-mail: _____

Relationship to the child(ren): _____

The minor(s) named below live in my home:

Name of child: _____ Child's date of birth: _____

Name of child: _____ Child's date of birth: _____

Name of child: _____ Child's date of birth: _____

I have legal custody of the above named child(ren): yes no

- I have read, understand, and agree to the Confidentiality Statement and the Informed Consent for the Marshall University Counseling Center.
- I am aware of its content and policies and understand that a copy of this Signature Statement will be a part of the client record.
- I have read and if necessary, I have discussed and clarified my understanding of it with a representative of the Marshall University Counseling Center.
- I agree to abide by the terms/policies set forth in this document.
- I consent to have the above named minor(s) receive as needed therapeutic services provided through the Marshall University Counseling Center without a parent or guardian present.

_____ _____

Signature of person authorizing consent of services **Date**